Name

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Application Number 09/6/60 046 REVOCATION OF POWER OF Filing Date 08/29/2000 ATTORNEY WITH First Named Inventor William Goddes **NEW POWER OF ATTORNEY** Art Unit 2367 AND Examiner Name Leelie Woog CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number GCG 1001 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR71872 If hereby appoint the practitioners associated with the Customer Number: $oxedsymbol{ol{ol{oldsymbol{ol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}}$ The address associated with 71572 Customer Number: OR Firm or Individual Name Address City State Zin Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SISNATURE of Applicant or Assignee of Record Signature llam

This collection or information is required by 37 CPR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTC) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 27 CPR 1.11 and 1.14. This collection is collected is later 3 minutes to complete. including partiering, preserving, and indicating the completed application term to the USPTO Time will vary depending upon the instruction also. Any comments on the arround of time you inquisit to complete from another suggestions for recogning the burden, should be sent to the Chief Information Officer, U.S. Patient and Transmerk Office, U.S. Dependment of Commerce, P.O. Box 1456, Alcoundria, VA. 22310-1450. DO HOT SENO FEES OR COMPLETED FORMS TO THIS ACCINESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventions or assignates of record of the known interest or their representative(s) are required. Submit multiple forms if more from one separature is resulted, see below?

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